The heart and kidneys are usually seriously affected and the patient must be carefully guarded from overexertion and excitement. Medical treatment is, in most cases, palliative and should be given in preparation of the patient for early surgical intervention.

---

## NURSING OF EXOPHTHALMIC GOITRE

By ANNA C. JAMME, R.N.
St. Mary's Hospital, Rochester, Minnesota; Graduate of Johns Hopkins Training School

THE nursing before operation is directed mainly towards keeping the patient quiet, removing all causes of worry and excitement, avoiding mental stimulus, as prolonged reading aloud or long and exciting conversation. Rest in bed as much as possible. A sponge bath should be given both night and morning. Fluids should be given freely. If there is diarrhœa or disturbance of digestion, light, easily digested food, no heavy proteids, constitute the diet.

The patient may be unable to feed herself, due to nervous tremor. In young patients belladonna with quinine is ordered if the heart action shows uneven tension or irregularity. In certain cases the X-ray is applied over the gland, which may give temporary improvement. Where there is broken compensation, ascites, or œdema, digitalis is ordered. An ice cap over the heart at night may assist in quieting the pulse and usually gives great relief. The cap should be held in position by a light bandage, otherwise it is most frequently found over the liver or spleen, in restless patients.

In the preparation for operation a soap-suds enema is given; no cathartic unless there has been constipation. A hypodermic injection of morphine, grs. $^1/_6$, to allay nervousness and lessen the amount of ether for profound anæsthesia, is given one hour before the operation begins; with this is also given atropine, grs. $^1/_{150}$, to relieve the mucus from the trachea during operation. The patient is placed on the table in reverse Trendelenberg position in order to relieve the upper portion of the body from pressure of blood. In cocaine cases, scopolamine, grs. $^1/_{120}$–$^1/_{150}$, is given with morphine, grs. $^1/_6$, one hour before operation.

On return of patient to bed, a rectal injection of salt solution, one quart, is given slowly and under light pressure, and repeated several times in the first thirty-six hours. Should this not be retained, saline is then given subcutaneously. An ice cap is placed over the heart

and one on the head and kept there continually until the severe symptoms have decreased; where there is excessive sweating, atropine is ordered, grs. $^1/_{150}$. Digitalis, grs. $^1/_{50}$, may be ordered for irregular, unsteady, and rapid pulse. Hot boric acid dressings over the front of the neck often quiet and allay the excessive irritation of the trachea. As soon as the patient can swallow, fluids are given, or ice cream, junket, or custard may be found to be less difficult to swallow. The tremor and restlessness usually subside to a great extent in two or three days. The pulse gradually becomes more steady and will fall from 180 to 110 or 80 in five or six days. Temperature may be elevated for two days but also drops with the pulse. The exophthalmus may be increased at first, but diminishes with the other symptoms. Patients are usually out of bed in about four or five days and leave the hospital in from eight to ten days. In patients where symptoms are severe and conditions unfavorable for operation, a ligation of the blood-vessels supplying the glands is done under cocaine and later the extirpation of the gland. Such patients require as careful post-operative care as when the gland is removed, and the same routine is observed.

In the simple goitre we have the opposite symptoms. Patients are phlegmatic, dull, and not easily excited. The gland may be large and extend behind the sternum and press on the trachea and cause difficulty in respiration. There may be considerable venous hemorrhage during the operation necessitating very careful watching, as it might continue after the patient returns to bed and only be evident by sudden embarrassment of respiration from pressure on the trachea. The nurse in this case can do very little beyond quickly notifying the surgeon, loosening the bandages and placing the patient in sitting posture. In these cases rectal injections of salt solution are given, as in exophthalmic type.

The nurse who undertakes the care of a patient suffering from exophthalmic goitre should have experience in the care of nervous patients. Her endurance will be greatly taxed. Her manner should be calm and she should establish in the mind of her patient at the very outset of her work a perfect confidence in her ability. She should not be hesitating, nor should she apparently try to control or restrain the nervous actions of the patients. Such a nurse will be an immediate factor in the successful recovery of the patient.